

PART 1 - GENERAL INFORMATION (CONTINUED)

C Payment on Death of Life insured

Please sign Option 1 or 2 below. If neither is signed, Option 1 will apply.

Option 1:

In the event of the death of the Life Insured, I request that Zurich Life encashes the assets of the unit-linked fund underlying the Personal Portfolio Fund as soon as possible (given the nature of these assets), following receipt by Zurich Life of notification of the death of the Life Insured. The death benefit payable will be the value of the unit account on the date the assets are encashed.

Signature of Policy Owner

X

Date

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OR

Option 2:

In the event of the death of the Life Insured, I request that Zurich Life pays no death benefit and instead retains the assets within the unit-linked fund underlying the Personal Portfolio Fund until the legal representatives of the Policy Owner (or the Policy Owner in the case of an Executive Pension) give alternative instructions.

Signature of Policy Owner

X

Date

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Policy Owner:

Please sign and date.



Policy Owner:

Please sign and date.

Note:

Minimums apply for both Single and Regular contributions. These can vary from time to time and details are available on request from Zurich Life.

While the accumulated pension fund is less than €50,000*, the contributions will be invested in the Cash Fund (unless another fund is advised). The Policy Owner may request a switch to the Personal Portfolio Fund once the total accumulated fund in the Cash Fund exceeds €50,000*. For PRSAs, please see note below.

For PRSAs, the minimum contribution is €10 per payment for payment by electronic transfer (including direct debit) or €50 for payments by any other means. However, you must wait until you have accumulated a fund of at least €50,000 before you can switch into the Personal Portfolio Fund.

*Lower contributions can be accepted with prior approval from Zurich Life/the Investment Partner.

D Plan and Contribution Details

Plan Start Date

0	1								
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Billing Date

1st

7th

15th

Note: If a billing date is not specified this will default to the 1st.

Regular Contribution

€

Single Contribution

€

Method of Payment

Regular Contribution

Direct Debit

Monthly

Quarterly

Half-yearly

Yearly

OR

Bank Draft/Cheque

Half-yearly

Yearly

Bank drafts and cheques should be made payable to Zurich Life.

Single Contribution

Cheque

Bank Draft

On maturity of the Zurich Life Pension policy

In specie transfer of stocks, subject to the portfolio being acceptable to Zurich Life and the Investment Partner.

For Self-directed Executive Pension plans, we have assumed 100% employer contributions. If this is not the case, please specify details in Special Instructions.

Does payment represent a transfer value? Yes No

If YES please provide: Company Name

Policy Number

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Pension Adjustment Order/Property Adjustment Order

If any Single Contribution made represents a transfer from another pension arrangement and is the subject of a **Pensions Adjustment Order** or a **Property Adjustment Order** then please tick here and supply a copy of the order. If this box is not ticked the policy will be issued on the basis that no order applies.

E Fund Choice

Fund	Regular Contribution	Single Contribution
Personal Portfolio Fund	<input type="text"/> %	<input type="text"/> %
Cash Fund	<input type="text"/> %	<input type="text"/> %
OTHER FUNDS For a complete list of the 'other funds' available, please contact Zurich Life.		
<input type="text"/>	<input type="text"/> %	<input type="text"/> %
<input type="text"/>	<input type="text"/> %	<input type="text"/> %
TOTAL	100%	100%

F Declarations

Part A

• I have completed the Stock Transfer Form(s) (if applicable).

• I wish to appoint as my Investment Partner.

The Investment Partner is the stockbroker who carries out the investment decisions for the policy on my behalf.

• I understand that Zurich Life may alter the list of permitted Investment Partners at any time and that the Investment Partner may cease to provide this service to Zurich Life.

Continued overleaf

F Declarations (continued)

 **Policy Owner or Employee (if an Executive Pension):**
Please sign and date.

Signature of Policy Owner or Employee (if an Executive Pension)

X

Date

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 **Signed for and on behalf of the Employer (if an Executive Pension):**
Please sign and date.

Signed for and on behalf of the Employer (if an Executive Pension)

X

Date

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You have a right of access to and the right to rectify the data concerning you held by Zurich Life/the Group.

Zurich Life may, in future, want to use your data to tell you about its products and services, those of the Group or of a third party that they have arranged for you or to pass your data to the Group to do the same. If you do **not** want your data to be used for these purposes, please tick here.

You can ask Zurich Life/the Group at any time to stop using your data in this way, by writing free of charge to Customer Services, Zurich Life Assurance plc, Zurich House, Frascati Road, FREEPOST, Blackrock, Co. Dublin.

G Additional Disclosure Material

Subject to the limitations on the securities that you can hold in your Personal Portfolio Fund, the Attorney will manage the Personal Portfolio Fund by dealing through, and where appropriate, with advice from, your Investment Partner.

Your Investment Partner sets the charges (dealing commission, custody fees and any management fees, etc.) for the service provided. These charges are available on request and may be changed if Zurich Life agrees to a change, and this will only happen if Zurich Life is convinced that the Investment Partner has experienced a rise in operating costs for this type of business. The charges are higher than those normally paid by institutional investors.

You should read your Investment Partner's charges carefully and discuss any issues you have on this subject with your Investment Partner or Financial Advisor.

Zurich Life is not liable for any loss caused to your policy as a consequence of advice given by the Investment Partner or by any third party or the Attorney or by their negligence. The Investment Partner, the Attorney or any third party does not have the authority to partially or fully encash the policy.

Zurich Life is not liable for any loss caused to your policy as a consequence of instruction given by you or your negligence.

The range of securities that you can trade in is more limited than if you held the securities directly.

Can the policy be cancelled or amended by the insurer?

Zurich Life may alter the list of permitted Investment Partners at any time, and the Investment Partner may cease to provide this service with Zurich Life.

If the Investment Partner decides to cease providing the service to Zurich Life or Zurich Life's alteration to the list of Investment Partners results in your not having an Investment Partner, you have the following three options:

- provided there is at least one other Investment Partner available to Zurich Life, you may select a new Investment Partner;
- you may transfer to another Zurich Life unit-linked fund to which Zurich Life allows the policy to be linked at that time; or
- if allowed by legislation, you may transfer the proceeds to another life assurance company.

If you fail to take up one of these options within three months of being asked to do so, Zurich Life will switch the Personal Portfolio Fund into a Zurich Life unit-linked fund of its choosing.

H Suitability and Risk Warnings

The primary objective of your pension is to provide you with a retirement income or with a fund at retirement to purchase your retirement benefits. You need to consider if investing in a Personal Portfolio Fund, along with any other pension arrangements you may have, will meet your pension objectives. In addition, you should also consider, amongst other issues, your risk appetite, the number of years you have to retirement, the extent of diversification you have across all your pension arrangements, and your own personal and financial circumstances. You should also consider professional advice from a Financial Advisor in order to ensure that you can make an informed choice. Zurich Life is not liable for any loss, as a consequence of advice given by your Financial Advisor.

Once invested in a pension product, you must wait until retirement before you can reap the benefits of your investments. In addition, there are limits to the amount you can invest and accumulate within a pension product. These limits need to be borne in mind so that, in the case of a company-paid pension, you do not over-provide for your retirement and suffer clawback of tax reliefs or other possible penalties.

The risk of loss in trading shares can be substantial. You should therefore carefully consider whether such trading is suitable for you in the light of your financial circumstances. In particular, you should consider whether such an investment is appropriate to provide you with a retirement income or to fund for your retirement pension. In considering whether to trade or to authorise someone else to trade for you, you should be aware of the following:

- If you purchase a security, you may sustain a substantial loss if the share price falls significantly.
- Under certain market conditions, you may find it difficult or impossible to liquidate a position quickly.
- If you instruct your Investment Partner to purchase shares that are not denominated in euros, you face a foreign exchange exposure risk.
- Unless you take steps to ensure that you have a well-diversified portfolio of securities, your portfolio is likely to have a higher level of risk than the average balanced fund offered by life assurance companies.
- The dealing and transaction costs incurred within the Personal Portfolio Fund will be the normal rates available to private clients of stockbrokers. They will not be institutional rates, which are sometimes offered to corporate clients, who have larger and more frequent trades.

* Investments requiring approval:

Approval must be given by Zurich Life. Decision will be based on factors such as: access to regular verifiable market value, level of liquidity, length of any lock-in.

I Types of Investment Permitted in a Personal Portfolio Fund:

Type		Restrictions
Securities	Government Bonds	Of OECD states only.
	Supranational Body Bonds	Excluding: Bonds with credit ratings lower than C (Standard & Poor's, Fitch, IBCA) or the equivalent rating of other recognised rating agencies accepted by Zurich Life.
	Corporate Bonds	Excluding: Zurich Insurance Group or other quoted companies within the Zurich group, corporate bonds of unlisted companies, corporate bonds with credit ratings lower than C (Standard & Poor's, Fitch, IBCA) or the equivalent rating of other recognised rating agencies accepted by Zurich Life.
	Equity Shares	Prior approval needed for unquoted equity.* Prior approval needed for stock exchanges not on the permitted list.* Excluding: Zurich Insurance Group or other quoted companies within the Zurich group.
Other Investments	Cash	Currencies consistent with permitted stock exchanges.
	Bank Deposits	Deposit taking institutions as approved by Zurich Life.
	Forward Currency Trades	Consistent with hedging exposure to currencies in which assets held in the portfolio are traded back to euros.
	Collective Investment Vehicles	All funds complying with the provisions of Directive 85/611 EEC (as amended) including property funds. Prior approval needed for other Collective Investment Vehicles.* Prior approval required for PRSA contracts.*
	Exchange Traded Commodities / Exchange Traded Funds	Prior approval needed for stock exchanges not on the permitted list.* Prior approval required for PRSA contracts.*

†As at November 2013 the list of permitted stock exchanges is given here. This list is reviewed periodically and an up-to-date list can be obtained from Zurich Life.

J Exchanges Through Which Investments Are Permitted†

Country	Stock Exchange
Europe	-
Austria	Vienna Stock Exchange
Belgium	Brussels Stock Exchange
Denmark	Copenhagen Stock Exchange
Finland	Helsinki Stock Exchange
France	Paris Stock Exchange
Germany	Frankfurt Stock Exchange
Ireland	Irish Stock Exchange
Italy	Milan Stock Exchange
Luxembourg	Luxembourg Stock Exchange
Netherlands	Amsterdam Stock Exchange
Norway	Oslo Stock Exchange
Portugal	Lisbon Stock Exchange
Spain	Madrid Stock Exchange
Sweden	Stockholm Stock Exchange
Switzerland	Swiss Market (Basle, Geneva, Zurich)
United Kingdom	London Stock Exchange
Africa	South Africa
	Johannesburg Stock Exchange

Continued overleaf

PART 1 - GENERAL INFORMATION (CONTINUED)

†As at November 2013 the list of permitted stock exchanges is given here. This list is reviewed periodically and an up-to-date list can be obtained from Zurich Life.

J Exchanges Through Which Investments Are Permitted† (Continued)

Country	Stock Exchange	
Americas	Argentina	Bolsa de Comercio Buenos Aires
	Canada	Toronto Stock Exchange
	Mexico	Mexico Stock Exchange
	United States	American Stock Exchange NASDAQ New York Stock Exchange
Asia/Pacific	Australia	Australian Stock Exchange
	Hong Kong	Hong Kong Stock Exchange
	Indonesia	Jakarta Stock Exchange
	Japan	Tokyo Stock Exchange
	Malaysia	Kuala Lumpur Stock Exchange
	New Zealand	New Zealand Stock Exchange
	Singapore	Singapore Stock Exchange
	Thailand	Bangkok Stock Exchange

K Types of Investment Not Permitted in a Personal Portfolio Fund:

- Options, Futures and Contracts for Differences.
- Commodities such as gold or diamonds.
- Any shares in Zurich Insurance Group or other quoted group companies.
- Direct holdings in property, including land or buildings.
- The portfolio is not permitted to borrow or hold overdrawn bank balances except in cases of delayed trades or commercial necessity.
- The portfolio is not allowed to engage in stock lending activity.

If in doubt, you should contact your Investment Partner, to check if certain investments meet these requirements.

Direct Debit Instruction - Applicable to Regular Contribution Only

SEPA Direct Debit Mandate



Important Note: By signing this mandate form, you authorise (A) Zurich Life Assurance plc to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Zurich Life Assurance plc. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

Zurich Life Unique Mandate Reference Number (to be completed by the creditor)

Creditor Identifier **I E 4 3 Z Z Z 9 9 2 8 2 9**

Please complete all the fields below:

Account Holder Name
 Account Holder Address
 City/Postcode Country

Please Return to:

Creditor Name **ZURICH LIFE ASSURANCE PLC**
 Creditor Address **ZURICH HOUSE, FRASCATI ROAD, BLACKROCK CO. DUBLIN, IRELAND**
 Type of Payment **RECURRENT**

IBAN (International Bank Account Number)

Signature(s) of Account Holder(s)

SWIFT BIC (Bank Identification Code)

Date of Signing

Mandate Declaration

Direct debits will be collected from your bank on the chosen date* of the month the contribution is due. Under Single Euro Payments Area (SEPA) legislation, you are entitled to 14 calendar days prior notice of: (i) the commencement of a direct debit collection from your bank account by Zurich Life or (ii) where there is a change in the direct debit amounts or bank account details. However, SEPA also allows for a shorter notification period and to ensure timely collection of your contributions, Zurich Life operates a three day notification period. This does not affect your rights as outlined in the SEPA Direct Debit Mandate. *The default chosen date is 1st of the month; the 7th and 15th of the month are available with agreement. **By signing this mandate form you are agreeing to a three day notification period before Zurich Life can collect contributions from your bank account.**

Please note: Your IBAN and BIC details are included on your bank statement.

PART 3 - PRODUCT SPECIFIC INFORMATION

Complete **ONE** of section A, B, C, D or E as appropriate.

- A. Self-directed Personal Pension
- B. Self-directed Executive Pension
- C. Self-directed PRSA
- D. Self-directed Buy-out Bond
- E. Self-directed A(M)RF

PART 3A - PERSONAL PENSION

If you have selected a Self-directed Personal Pension, please complete the following:

Note 1:

A 'proprietary' directorship of, or a 'proprietary' employment with, an 'investment company' is not an Office or Employment for this purpose if this involves controlling more than 15% of the investment company - see Taxes Consolidation Act, 1997, Section 783.

Note 2:

An occupation is pensionable if in connection therewith you are a member of a 'sponsored superannuation scheme', which is any scheme or arrangement from which you expect to receive a retirement benefit, whether in lump sum or pension form, that will not have been wholly provided out of your own resources.



Policy Owner:

Please sign and date.



Signature of Financial Advisor:

Please sign and date.

1 Additional Plan Details

Annual Salary/Earnings €

€

Selected Retirement Age

2 Declarations

Part A

(i) Consumer Disclosure

I confirm that I have received the relevant Zurich Life Customer Guide and that the Customer Guide has been fully completed by my Financial Advisor.

Does this policy replace an existing policy, in whole or in part?

Yes No

If YES, and that policy is a Zurich Life policy, please specify policy number:

Warning: If you propose to take out this policy in complete or partial replacement of an existing policy, please take special care to satisfy yourself that this policy meets your needs. In particular, please make sure that you are aware of the financial consequences of replacing your existing policy. If you are in doubt about this, please contact your insurer or Financial Advisor.

(ii) Pension Declaration (Please see Notes 1 and 2 opposite)

1. Are you engaged on your own account or as a partner personally acting in some trade, profession or occupation?

Yes No

2. Are you an employed person (or the holder of an office or employment) with one or more of your occupations non-pensionable?

Yes No

I declare that the statements in this application are true and complete (including any statements written down at my dictation), and I agree that this declaration shall be the basis of the contract between me and Zurich Life Assurance plc.

I understand that no benefit under the contract shall be capable of being surrendered, assigned or commuted except as provided by Section 784 and Section 785, Taxes Consolidation Act, 1997.

I confirm that I have read and fully understand all parts of the above declaration (Part A, (i) and (ii)). I confirm that I will be the beneficial owner of this policy.

Signature of Policy Owner

X

Date

Part B - This part should be completed by your Financial Advisor.

I hereby declare that in accordance with Regulation 6(1) of the Life Assurance (Provision of Information) Regulations, 2001, the applicant has been provided with the information specified in Schedule 1 to those Regulations (the relevant Zurich Life Customer Guide) and that I have advised the client as to the financial consequences of replacing an existing policy with this policy by cancellation or reduction, and of possible financial loss as a result of such replacement.

Signature of Financial Advisor

X

Date

Special Instructions

PART 3 - PRODUCT SPECIFIC INFORMATION (CONTINUED)

PART 3B - EXECUTIVE PENSION

If you have selected a Self-directed Executive Pension, please complete the following:

1 Additional Plan Details

Do full vested rights accrue to the Employee immediately? Yes No

If NO, please specify the number of years after which vested rights accrue. (0-2 years)

2 Breakdown of Contribution

Regular Contribution:

Employer Contribution	€	<input type="text"/>
Employee Contribution	€	<input type="text"/>
AVC*	€	<input type="text"/>
Total	€	<input type="text"/>

Single Contribution:

Employer Contribution	€	<input type="text"/>
Employee Contribution	€	<input type="text"/>
AVC*	€	<input type="text"/>
Total	€	<input type="text"/>

*Please note that it is not possible to make a standalone AVC.

Revenue Information (continued overleaf)

Employer Details

Employer Name	<input type="text"/>
Country of Incorporation	<input type="text"/>
Registered/ Business Address	<input type="text"/>
Company Registration Number	<input type="text"/>
For private companies and unlisted companies, provide a list of names of the directors	<input type="text"/>
Employer Revenue Reference Number	<input type="text"/>
Employer Corporation Tax District	<input type="text"/>
Telephone Number	<input type="text"/>
Email Address	<input type="text"/>

Employee Details

Employee's Tax District	<input type="text"/>	PPSN	<input type="text"/>
Is the Employee a 20% Director?*	<input type="radio"/> Yes <input type="radio"/> No		
Date of Entry into Service	<input type="text"/>		
Annual Salary/Earnings	€ <input type="text"/>	Normal Retirement Age	<input type="text"/>

Special Instructions

<input type="text"/>

Note:

*Appendix I of the Revenue Pensions Manual defines a '20% director' as someone who directly or indirectly at any time in the last three years owned or controlled more than 20% of the voting rights in the employer company or in the parent company of the employer company.

Continued overleaf

2 Revenue Information (continued)

Other Pension Policies†

Does the Employee have pension entitlements from any source other than this policy? Yes No
If YES, please provide the following details (use a separate sheet if necessary).

Name of Scheme												
Life Insurance Company and Policy Number												
Normal Retirement Age			Estimated Fund at Retirement	€								
Current Transfer Value	€											
Are contributions still being paid under the above Scheme/Policy(ies)?	<input type="radio"/> Yes <input type="radio"/> No											
Benefits on Death Before Retirement	€					Deferred Retirement Benefits	€					

Please give details of any other pension policies for the Employee under retirement annuity contracts in the Special Instructions section.

Note:
†Please indicate (in the Special Instructions section below) if any of the other Pension Policies are subject to a Pension Adjustment Order.

3 Declaration by Employee

I declare that the statements in this Application are true and complete (including any statements written down at my dictation), and I agree that this declaration shall be the basis for the proposed contract of insurance.
I authorise the Department of Social Protection or the Revenue Commissioners to advise Zurich Life of my most recent address on their records at any future time.
I consent to Zurich Life Assurance plc's seeking information and benefit details from the administrator or Trustees or any other relevant insurance company of any scheme, arrangement or contract of the Employer, and I authorise the giving of such information and details.

I confirm that I will be the beneficial owner of this policy.

Signature of Employee	X										
Date											

 **Employee:**
Please sign and date.

4 Declaration by Employer

I confirm that the pension policy effected in pursuance of this Application will be held by the Employer under irrevocable trust for the purpose of providing retirement and other relevant benefits as defined by Chapter 1, Part 30 of the Taxes Consolidation Act, 1997 for the Life Insured and/or his/her spouse and dependants as set out in this policy.
I agree that the policy shall be based upon the statements and declaration made by the Life Insured as part of this Application and accept that the policy will be conditional on the approval by the Revenue Commissioners of the trust as an exempt approved scheme under Chapter 1, Part 30 of the Taxes Consolidation Act, 1997.
I consent to Zurich Life Assurance plc's seeking information and benefit details from the administrator or Trustees or any other relevant insurance company of any scheme, arrangement or contract of the Employer, and I authorise the giving of such information and details.
Zurich Life will check the data supplied by the employer in this application form against international trade/economic or financial sanctions laws or regulated listings.

Appointment of Attorney

I request Zurich Life to appoint

to act as the Attorney for the Personal Portfolio Fund attached to this policy. If the Employer wishes to change the Attorney in the future, the Employer will notify Zurich Life in writing, and subject to Zurich Life's consent, the new Attorney will be requested to sign a replacement Limited Power of Discretionary Management.

Registered Administrator

The Social Welfare & Pensions Act 2008 (Section 27) requires the Trustees of every Pension Scheme to appoint a Registered Administrator. Zurich Life Assurance plc will provide the service of Registered Administrator (Category III - Annual Benefit Statements and Maintain Accurate Records) for the scheme unless advised to the contrary.

Signed for and on behalf of the Employer (Director/Secretary)	X										
Date											

Name (Print)												
Position												

Note:
The Attorney is the Policy Owner or, in the case of an Executive Pension, it may be a director of the company or the Life Insured if appointed by the Employer.

 **Signed for and on behalf of the Employer:**
Please sign and date.

PART 3C - PRSA

If you have selected a Self-directed PRSA, please complete the following:

1 Additional Personal Details

Selected Retirement Age

Date of Birth

Date of Birth Source of Evidence*

No.

PPSN

PPSN Source of Evidence*

Occupation *Please tick one*

- A. Employee:**
- Manager, professional, technical and administrative
 - Plant and machine operatives
 - Personal and protective service
 - Clerical and secretarial
 - Trades, craft and related
 - Other self-employed
 - Other
 - Sales

OR

- B. Not Employee:**
- Agricultural self-employed
 - Other self-employed

OR

- C. Not Economically Active/Unemployed:**

Net Relevant Earnings[†] €

Note:
*Please record source of evidence of date of birth and PPSN, for example, a passport including passport number, a copy of a P60, etc.

Note:
[†]Please indicate the Net Relevant Earnings (e.g. gross salary plus overtime) that you derive from the occupation described opposite.

Special Instructions

2 Additional Plan Details

Is this an application for a Self-directed Additional Voluntary Contribution using a PRSA contract, i.e. are you a member of an Occupational or Statutory Pension Scheme? Yes No

If YES, how is this contract to be arranged?

- As a Stand-alone Self-directed AVC using a PRSA contract *Please complete the Stand-alone Self-directed AVC using a PRSA Additional Information Sheet.*
- OR**
- Under the rules of an existing Occupational or Statutory Pension Scheme

In both cases, please give the name and address of the Trustees in the Special Instructions section opposite.

Transfer Payment

If you are making a once-off contribution does this represent a transfer payment from another pension arrangement? Yes No

If YES, from what type of pension arrangement is the transfer payment coming?

- PRSA
- Defined-benefit scheme
- Defined-contribution scheme
- Retirement annuity contract (personal pension)
- Pension arrangement outside Ireland

Continued overleaf

PART 3D - BUY-OUT BOND

Note 1:

A 'proprietary (5%) director' means a director who, either alone or together with his or her spouse/civil partner and minor children is or was, at any time within three years of the date of (a) the specified normal retirement date, (b) an earlier retirement date, (c) leaving service, or (d) in the case of a pension or part of a pension payable in accordance with a Pension Adjustment Order, the relevant date in relation to that order, the beneficial owner of shares which, when added to any shares held by the Trustees of any settlement to which the director or his or her spouse/civil partner had transferred assets, carry more than five per cent of the voting rights in the company providing the benefits or in a company which controls that company.

Note 2:

Appendix I of the Revenue Pensions Manual defines a '20% director' as someone who directly or indirectly at any time within the last three years owned or controlled more than 20% of the voting rights in the employer company or in the parent company of the employer company.

If you have selected a Self-directed Buy-out Bond, please complete the following:

1 Additional Personal Details (Member)

Date of Joining Service

Date of Joining Scheme

Date of Leaving Service

Date of Leaving Scheme

- (i) Have you ever effected an approved Retirement Annuity contract [i.e. Personal Pension/Self-employed Pension policy(ies)] in respect of a previous non-pensionable employment or while self-employed? Yes No
- (ii) Are you entitled to benefits from other Retirement Benefit Schemes? Yes No
- (iii) Are you a 'Proprietary (5%) Director'? - (See Note 1) Yes No
- (iv) Are you a '20% Director'? - (See Note 2) Yes No

If the answer to any of the questions (iii) to (iv) is YES, please give details below (continue on a separate sheet, if required).

Please include details of all retained benefits, including immediate and deferred pensions, lump sums and gratuities payable on death, retirement and leaving service. Please also advise if any of these benefits are subject to a Pension Adjustment Order.

Annual Salary/Earnings at Date of Leaving Service €

The following must be completed for '20% Directors' or if Scheme Rules require.

If you are an Employee : Additional Fluctuating Earnings if any, for the three years immediately prior to leaving service.	First year prior	€ <input type="text"/>
	Second year prior	€ <input type="text"/>
	Third year prior	€ <input type="text"/>
If you are a '20% Director' : Total Earnings for the three years immediately prior to leaving service.	First year prior	€ <input type="text"/>
	Second year prior	€ <input type="text"/>
	Third year prior	€ <input type="text"/>

Special Instructions

2 Personal Details (Spouse)

Forename

Surname

Maiden Name (if applicable)

Date of Birth Sex M F

Continued overleaf

4 Scheme Restrictions (Trustees) (continued)

Where this bond is being taken out by a non member spouse under the terms of a Pension Adjustment Order the Scheme Trustees must advise the maximum lump sum payable to the non member spouse.

Does the Scheme include an option to commute on serious ill health? Yes No

If you have answered NO to any of the above questions, please give details, or if there are any other special conditions or restrictions, e.g. restriction on tax-free cash, please indicate below.

5 Policy Details (Trustees)

Transfer Payment *

Employee (ordinary contribution)	Employee (AVC contribution)	Employer	Total
€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>

Are any benefits included in this Transfer Payment the subject of a Pension Adjustment Order? Yes No

* If YES, please attach a copy of the Pension Adjustment Order.

Note:

Required only if transfer is from a defined benefit scheme not being wound up and where a spouse's pension was provided by the scheme.



Signature of Spouse:

Please sign and date.

6 Declaration by Spouse

I understand that my rights under the Scheme are being given up in exchange for a contract under which the ultimate benefits depend on the future investment returns on the fund(s) in which the Transfer Payment will be invested and cannot be guaranteed.

I understand that the benefits to be provided are specified in Section 4.

Signature of Spouse
X

Date

Note:

If you are transferring from a defined benefit scheme, it is likely that the benefits under the Buy-out Bond will be significantly different in form. For example, the benefit on retirement may be guaranteed under your Employer scheme while Buy-out Bond benefits depend on investment returns (and are not guaranteed).

7 Declaration by Member

Part A

(i) Policy Declaration

I agree that the information given shall be the basis of the contract of insurance, and I declare that the statements in this Application are true and complete (including any statements written down at my dictation).

I understand that my rights under the Scheme are being given up in exchange for a contract under which the ultimate benefits depend on the future investment returns on the fund(s) in which the transfer payment will be invested and cannot be guaranteed.

I hereby authorise Zurich Life Assurance plc (Zurich Life) to seek information and obtain benefit details from the administrator/Trustees (and/or relevant insurance office) of any scheme, arrangement or contract of which I am or have been a member, and I authorise the Department of Social Protection or the Revenue Commissioners to advise Zurich Life of my most recent address on their records, at any future time.

I hereby authorise the Trustees to transfer to a Zurich Life Buy-out Bond the amount that, in the opinion of the said Trustees, represents the value of my benefits on withdrawal under the Scheme.

In consideration of the payment of such transfer payment to a Zurich Life Buy-out Bond, I hereby release the Trustees of the Scheme from all liability to me in respect of benefits under the Scheme with effect from the date of such transfer.

Continued overleaf

Note:

If you are transferring from a defined benefit scheme, it is likely that the benefits under the Buy-out Bond will be significantly different in form. For example, the benefit on retirement may be guaranteed under your Employer scheme while Buy-out Bond benefits depend on investment returns (and are not guaranteed).



Signature of Member:

Please sign and date.

7 Declaration by Member (continued)

(ii) Consumer Disclosure

I confirm that I have received the relevant Customer Guide and that the Customer Guide has been fully completed by my Financial Advisor.

Does this policy replace an existing policy, in whole or in part? Yes No

If YES, and that policy is a Zurich Life policy, please specify policy number:

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Warning: If you propose to take out this policy in complete or partial replacement of an existing policy, please take special care to satisfy yourself that this policy meets your needs. In particular, please make sure that you are aware of the financial consequences of replacing your existing policy. If you are in doubt about this, please contact your insurer or Financial Advisor.

I confirm that I have read and fully understand all parts of the above declaration (Part A (i) and (ii)). I confirm that I will be the beneficial owner of this policy.

Signature of Member

X

Date

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Part B - This part should be completed by your Financial Advisor.

I hereby declare that in accordance with Regulation 6(1) of the Life Assurance (Provision of Information) Regulations, 2001, the applicant has been provided with the information specified in Schedule 1 to those Regulations (the relevant Zurich Life Customer Guide) and that I have advised the client(s) as to the financial consequences of replacing an existing policy with this policy by cancellation or reduction, and of possible financial loss as a result of such replacement.

Signature of Financial Advisor

X

Date

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Signature of Financial Advisor:

Please sign and date.

Note:

A copy of this complete application form is available on written request. A copy of the policy conditions is also available.

Note:

It is essential that the person(s) signing on behalf of the Trustee(s) is (are) empowered to do so.



Signature of Trustee(s):

Please sign and date.

8 Application and Declaration by Trustee(s)

I declare that the information given in this Application is complete and correct and request that a Zurich Life Buy-out Bond be issued in the name of the Member in accordance with the details set out above, subject to the privileges and conditions of the standard form of policy issued by Zurich Life Assurance plc (Zurich Life) for a contract of the kind proposed.

I confirm that the transfer payment arises from the proceeds of a retirement benefits scheme that is or is to be exempt approved under Chapter I, Part 30 of the Taxes Consolidation Act, 1997 and the proposed benefits correspond with benefits that could be provided in respect of the Member and his/her spouse/civil partner under the Rules of the Scheme.

I confirm that the Scheme documentation empowers the Trustees to purchase the Zurich Life Buy-out Bond for the Member in lieu of the benefits for, or in respect of, the Member and his/her spouse under the Scheme.

I understand that Zurich Life will provide only the benefits under the Zurich Life Buy-out Bond and will accept no further responsibility in relation to the Member and his/her spouse, including responsibility regarding all aspects for the transfer payment from the Scheme.

Signature of Trustee

X

Date

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Signature of Trustee

X

Date

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PART 3 - PRODUCT SPECIFIC INFORMATION (CONTINUED)

3 AMRF Details/Specified Income Details (continued)

Have you bought an annuity from Zurich Life or another Insurance Office? Yes No

If YES, please provide the following:

Insurance Office

Reference Number

Purchase Price of Annuity/Pension € Date of Investment

4. Is the ARF investment a transfer from an existing ARF with another Qualifying Fund Manager? Yes No

If YES, please provide details.

4 Method of Payment and Source of Funds

Note:

Investment must be from the proceeds of a retirement fund.

Note:

Minimum Investment:
AMRF €20,000
ARF €5,000

1. Payment Details

Note: Cheques should be made payable to Zurich Life. Credit transfer may be available on request. Bank drafts cannot be accepted.

Full name of transferring scheme*

*Please provide details if more than one source of retirement funds are being transferred.

Does this payment represent a transfer from another pension arrangement? Yes No

If YES, please provide the name of the company the Transfer Acceptance Letter should be sent to.

Life Insurance Company

Policy Number

2. Source of Funds

Payment by:

(i) Maturity of a Zurich Life policy

Please provide policy number.

or

(ii) Maturity of an external policy

Please provide: Policy number

Name of life assurance company

or

(iii) Other Please provide details.

Pension Adjustment Order/Property Adjustment Order

If this payment is the subject of a Pension Adjustment Order/Property Adjustment Order please tick here and supply a copy of the Order. If this box is not ticked the policy will be issued on the basis that no Order applies.

Note:

Please complete one of the following sections (i) - (iii).

Note:

Under the Criminal Justice (Money Laundering and Terrorist Financing) Acts 2010 and 2013, Zurich Life is required to obtain certain documentation and information about you and the method of payment being used. Further information may subsequently be requested.

Continued overleaf

5 Deemed Withdrawal

Tax (and PRSI/Universal Social Charge depending on your circumstances) on deemed withdrawals apply to your ARF. The tax (and PRSI/Universal Social Charge) applies in any tax year where you are 60 years of age or older for the whole tax year. It is levied on 5% of your ARF value at 30th November each year. The applicable rate is 6% if the total value of all your ARF Investments and vested PRSA(s) is greater than €2 million. Tax on deemed withdrawals applies to AMRF policies only after the policy owner reaches age 75.

Any distributions taken from the ARF during the year will be deducted from the deemed withdrawal for the purpose of calculating tax. Zurich Life will therefore encash 5% (6% if the total value of all your ARF investments and vested PRSA(s) is greater than €2 million) of your fund each November or the balance thereof, commencing within the first policy year or in the year after your 60th birthday if later. If you do not want to avail of this income, please tick here

6 Declarations

Part A

(i) Consumer Disclosure

I confirm that I have received the relevant Customer Guide and that the Customer Guide has been fully completed by my Financial Advisor.

Does this policy replace an existing policy, in whole or in part? Yes No

If YES, and that policy is a Zurich Life policy, please specify policy number:

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Warning: If you propose to take out this policy in complete or partial replacement of an existing policy, please take special care to satisfy yourself that this policy meets your needs. In particular, please make sure that you are aware of the financial consequences of replacing your existing policy. If you are in doubt about this, please contact your insurer or Financial Advisor.

(ii) Administration Declaration

I confirm that the payment(s) described on this form consist only of a transfer of assets to which I am beneficially entitled. I authorise Zurich Life Assurance plc (Zurich Life) to obtain any information that it requires in relation to the payment(s) described, as detailed in Section 2, and in relation to the payment of the specified income or Annuity purchase as detailed in Section 3. I authorise any Qualifying Fund Manager/PRSA Administrator with whom I hold an Approved Minimum Retirement Fund (AMRF), an Approved Retirement Fund (ARF) or a Vested PRSA to provide any information that Zurich Life may require. I undertake to provide Zurich Life with the information required to administer this policy. I understand that the proceeds of the policy(ies) will depend on factors including:

- (i) the returns achieved on the funds, and
- (ii) the cash withdrawals;

and, I understand that there is no guarantee with regard to the level of withdrawals that can be sustained by the policy(ies) over my lifetime.

I understand that where I have invested in an AMRF and subsequently satisfy the guaranteed income for life requirement of €12,700 per year that my AMRF will automatically become an ARF and the annual imputed distribution will apply to my policy. I agree to notify Zurich Life immediately should this occur and understand that if I fail to notify Zurich Life, Revenue penalties and interest may apply.

(iii) Policy Declaration

I agree that the information given shall be the basis of one or more contracts of insurance, and I declare that the statements in this Application are true and complete (including any statements written down at my dictation). I understand that the Policy Document and Policy Certificate(s) form the Contract(s) of Insurance.

Non-Assignability

I acknowledge that the legal or beneficial assignment of this policy is prohibited without prior consent from Zurich Life.

I confirm that I have read and fully understand all parts of the above declaration (Part A (i), (ii) and (iii)). I confirm that I will be the beneficial owner of the funds being transferred to this policy.



Policy Owner:

Please sign and date.

Signature of Policy Owner

X

Date

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Part B - This part should be completed by your Financial Advisor.

I hereby declare that in accordance with Regulation 6(1) of the Life Assurance (Provision of Information) Regulations, 2001, the applicant has been provided with the information specified in Schedule 1 to those Regulations (the relevant Zurich Life Customer Guide) and that I have advised the client as to the financial consequences of replacing an existing policy with this policy by cancellation or reduction, and of possible financial loss as a result of such replacement.



Signature of Financial Advisor:

Please sign and date.

Signature of Financial Advisor

X

Date

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Zurich Life Assurance plc

Zurich House, Frascati Road, Blackrock, Co. Dublin, Ireland.

Telephone: 01 283 1301 Fax: 01 283 1578 Website: www.zurichlife.ie

Zurich Life Assurance plc is regulated by the Central Bank of Ireland.

The information contained herein is based on Zurich Life's understanding of current Revenue practice as at April 2015 and may change in the future.

Intended for distribution within the Republic of Ireland.

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